

**Office of Child Support Hearings  
Department of the Attorney General  
State of Hawaii  
601 Kamokila Blvd., Suite 436  
Kapolei, HI 96707  
Phone: 808-692-7110; Fax 808-692-7114**

## **ADMINISTRATIVE HEARING ACCOMODATION FORM**

If you need special assistance or accommodation at your administrative hearing, please complete this form as soon as possible and return it by fax to **808-692-7114**, or mail to **OCSH, 601 Kamokila Blvd., Suite 436, Kapolei, HI, 96707**.

YOUR NAME: \_\_\_\_\_

I AM THE: [ ☐ ]Responsible Parent [ ☐ ]Custodial Parent [ ☐ ]Other\_\_\_\_\_

RESPONSIBLE PARENT'S NAME: \_\_\_\_\_

CSEA CASE NO.: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR TELEPHONE NUMBER: \_\_\_\_\_

**TYPE OF ACCOMODATION YOU NEED:** \_\_\_\_\_

**ADDITONAL COMMENTS:**

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\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date